CONTINENTAL
INN & SUITES

(936) 560-5555, Fax (936) 560-5543, Visit us at www.continentalinnandsuites.com for more info!

CREDIT CARD GUEST PAYMENT FORM

Guest First Name		Guest Last Name		
Type of Room				
lumber of nights	Number of Rooms	Arrival Date MM/DD/YY		
Name as it appears on credit	card			
Credit Card Number		Exp Date MM/YY		
Γhree digit (Visa/MC) or Four	digit (AMEX) security numbe	BUSIN 3 383133 AMEX	Tess John A	. D00 280
Billing address for this credit card				
City, State and Zip		Phone Number		
Email address		Fax Number		
I hereby agree to my credit card to be charged for the above by Continental Inn & Suites and understand that there is NO REFUND Please check rates/availability before proceeding. Taxes are not included in room rate. Once room(s) are charged and confirmed, an email or fax will be sent. NOTE Room(s) not guaranteed until credit card has been processed.				
By ch	necking the box to left, I agree	to the terms.		
Signature of credit card hold	der:			
Today's Date MM/DD/Y\				
Additional Notes/Messages:	:			